

9925

## BUREAU OF VITAL STATISTICS

## ARIZONA STATE BOARD OF HEALTH

## STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH  
 County Pima State Arizona State File No. 538  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 4  
 City Ugo No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Cora May Whitten Fincher  
 (a) Residence, No. Riverside, Ariz. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident, give city or town and State)  
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOW-  
 ED or DIVORCED. Married  
 (Write the word)

5a. If married, widowed, or divorced  
 HUSBAND of Wm. Edgar Fincher  
 (or) WIFE of

6. DATE OF BIRTH (month, day and year) Feb. 3, 1904

7. AGE Years Months Days IF LESS than 1  
24 11 7 day hrs.  
 or min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business or establishment in which employed (or employer)  
 (c) Name of employer Cole, Ariz.

9. BIRTHPLACE (city or town) Cole, Ariz.  
 (State or country)

10. NAME OF FATHER Levi R. Whitten

11. BIRTHPLACE OF FATHER Monticello  
 (city or town)  
 (State or country) Georgia

12. MAIDEN NAME OF MOTHER Bulah May Thomas

13. BIRTHPLACE OF MOTHER Philadelphia  
 (city or town)  
 (State or country) Ark.

14. Informant Shirley  
 (Address)

15. Filed Jan 10 1929 John S. Wood  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan. 10 1929  
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from  
Jan. 10 1929 to Jan 10 1929  
 that I last saw her alive on Jan 10 1929.

and that death occurred, on the date stated above, at 9:30 P. m.  
 The CAUSE OF DEATH\* was as follows:

Acute cerebro spinal meningitis  
 (duration) yrs. mos. ds.

CONTRIBUTORY  
 (Secondary)  
 (duration) yrs. mos. ds.

18. Where was disease contracted  
 If not at place of death?

Did an operation precede death? No Date of \_\_\_\_\_

Was there an autopsy? No

What test confirmed diagnosis Spinal fluid exam

(Signed) G. B. Menden M. D.  
Jan. 11 1929 (Address) Ugo, Ariz.

\* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).

19. PLACE OF BURIAL, CREMATION OR REMOVAL Grav DATE OF BURIAL Jan 11 1929

20. UNDERTAKER H. T. Lyons ADDRESS Ugo Port

N. B.—WHEN PLACING THIS UNFADING INK—PRINT IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.